

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=62-042053

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 77

Primary Registration District No. 3016

Registrar's No. 457

VS 300  
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

|   |  |   |  |
|---|--|---|--|
| 1. <b>FILED</b> DEC 3 1962  |  | 2. <b>USUAL RESIDENCE</b> (Where deceased lived. If institution: Residence before admission)  |  |
| a. COUNTY <b>Cole</b>   |  | a. STATE <b>Mo.</b> b. COUNTY <b>Callaway</b>   |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <b>Jefferson</b>   |  | c. CITY OR TOWN <b>New Bloomfield</b>   |  |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <b>Charles E. Still Osteo.</b>   |  | d. STREET ADDRESS (If outside, give location)   |  |
| 3. <b>NAME OF DECEASED</b> First Middle Last<br><b>Grover Cleveland Gillespie</b>   |  | 4. <b>DATE OF DEATH</b> Month Day Year<br><b>Nov - 20 - 62</b>  |  |
| 5. <b>SEX</b><br><b>Male</b>  | 6. <b>COLOR OR RACE</b><br><b>White</b>  | 7. <b>Married</b> <input checked="" type="checkbox"/> <b>Never Married</b> <input type="checkbox"/><br><b>Widowed</b> <input type="checkbox"/> <b>Divorced</b> <input type="checkbox"/> | 8. <b>DATE OF BIRTH</b><br><b>8-19-84</b>  |
| 10a. <b>USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired)<br><b>PROCTOR &amp; GAMBLE</b>   |  | 10b. <b>KIND OF BUSINESS OR INDUSTRY</b><br><b>Retired</b>  |  |
| 11. <b>BIRTHPLACE</b> (City and state or country)<br><b>Mo. Brookfield</b>  |  | 12. <b>CITIZEN OF WHAT COUNTRY</b><br><b>U.S.</b>   |  |
| 13a. <b>FATHER'S NAME</b><br><b>Rostus Gillespie</b>  |  | 13b. <b>MOTHER'S MAIDEN NAME</b><br><b>Louise Hancock</b>   |  |
| 14. <b>NAME OF HUSBAND OR WIFE</b><br><b>Mildred Ousley</b>   |  | 15. <b>WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of serv)<br><b>No</b>   |  |
| 16. <b>SOCIAL SECURITY NO.</b><br><b>741</b>  |  | 17. <b>INFORMANT</b> Address<br><b>Mr &amp; Mrs G.C. Gillespie New Bloomfield Mo</b>  |  |
| 18. <b>CAUSE OF DEATH</b> (Enter only one cause per line)<br><b>PART I. DEATH WAS CAUSED BY:</b>  |  | <b>INTERVAL BETWEEN ONSET AND DEATH</b>   |  |
| <b>IMMEDIATE CAUSE (a)</b> <b>Circulatory Failure</b>   |  | <b>8 hr</b>   |  |
| <b>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last:</b>   |  | <b>16 hr</b>  |  |
| <b>DUE TO (b)</b> <b>Myocardial Decompensation</b>  |  | <b>2 yrs</b>  |  |
| <b>DUE TO (c)</b> <b>massive arterio-venous fistula</b>   |  |   |  |
| <b>generalized arterio-sclerotic changes</b>  |  |   |  |
| <b>PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)</b><br><b>Primary Prostatic Carcinoma</b>  |  | <b>PART III. If deceased was female was there a pregnancy in last 90 days.</b><br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown             |  |
| 19. <b>WAS AUTOPSY PERFORMED?</b> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>   | 20a. <b>ACCIDENT</b> <input type="checkbox"/> <b>SUICIDE</b> <input type="checkbox"/> <b>HOMICIDE</b> <input type="checkbox"/> | 20b. <b>DESCRIBE HOW INJURY OCCURRED.</b> (Enter nature of injury in PART I or PART II of item 18.)   |  |
| 20c. <b>TIME OF INJURY</b> Hour a.m. p.m. Month, Day, Year  | 20d. <b>INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> <b>NOT WHILE AT WORK</b> <input type="checkbox"/>           |   |  |
| 20e. <b>PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)   |  | 20f. <b>CITY, TOWN, OR LOCATION</b> COUNTY STATE  |  |
| 21. I attended the deceased from <b>Nov 13 - 1962</b> to <b>Nov 20 - '62</b> and last saw him alive on <b>Nov 20 - 1962</b><br>Death occurred at <b>7 A.M.</b> on the date stated above, and to the best of my knowledge, from the causes stated. |  |   |  |
| 22a. <b>SIGNATURE</b> (Degree or title)<br><b>Robert Verner MD</b>  |  | 22b. <b>ADDRESS</b><br><b>303 W. McCarty</b>  |  |
| 22c. <b>DATE SIGNED</b><br><b>11/20/62</b>  |  | 23. <b>LOCATION</b> (City, town, or county) (State)<br><b>New Bloomfield Mo</b>   |  |
| 23a. <b>BURIAL, CREMATION, REMOVAL (Specify)</b><br><b>Burial</b>   | 23b. <b>DATE</b><br><b>Nov 21 - 62</b>   | 23c. <b>NAME OF CEMETERY OR CREMATORY</b><br><b>New Bloomfield Cent</b>   | 23d. <b>LOCATION</b> (City, town, or county) (State)<br><b>New Bloomfield Mo</b> |
| 24. <b>FUNERAL DIRECTOR</b><br><b>Clayton L.</b>  | 25. <b>ADDRESS</b><br><b>New Bloomfield Mo</b>   | 26. <b>DATE RECD. BY LOCAL REG.</b><br><b>23 November 1962</b>  | 26. <b>REGISTRAR'S SIGNATURE</b><br><b>W. Richter, Reg.</b>                      |

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

DEC 9 - 8 0340

### STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed LeRoy Claypool

Licensed Embalmer No. 4412

P. O. Address Wentzville Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.